

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38935

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 191

|   |                                  |  |  |   |   |
|---|----------------------------------|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vermont</u>   |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Vermont</u> |   |   |
| b. CITY OR TOWN <u>Nevada</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Nevada</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1635 No. Ash.</u>   |                                  | Length of stay in lb<br><u>14 yrs</u>  | d. STREET ADDRESS (If outside, give location)<br><u>1635 No. Ash</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Emma</u> Middle <u>Rosalee</u> Last <u>Hopkins</u>   |                                  |  | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>18</u> Year <u>1957</u>   |   |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>2 WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>August 15, 1867</u>   | 9. AGE (In years last birthday)<br><u>90</u>                | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Ind 1</u>  |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |                                  | 13a. FATHER'S NAME<br><u>David Cahill</u>  |  |   |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Sophrona Gilpin</u>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Wm. P. Hopkins</u>   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT.<br><u>Mrs Glenn Smith</u>                    |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Retrospective C.V.A. Disease.</u>   |                                  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Years</u>                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>442X</u><br>DUE TO (c) <u>2</u>   |                                  |  |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |  |  |   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |   |   |
| 20c. TIME OF INJURY<br>Hour <u>10:10</u> Month, Day, Year <u>Am.</u>  |                                  |  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                   |   |
| 21. I attended the deceased from <u>Oct. 1 1955</u> to <u>Oct 18 1957</u> and last saw her alive on <u>Oct. 18, 1957</u><br>Death occurred at <u>10:10 Am.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |  |   |   |
| 22a. SIGNATURE<br><u>Immett, M.</u>   |                                  | (Degree or title) <u>0</u>   |  | 22b. ADDRESS<br><u>Nevada, Mo.</u>                          |   |
| 22c. DATE SIGNED<br><u>10/19/57</u>   |                                  |  |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |                                  | 23b. DATE<br><u>19 Oct</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Moore Cemetery</u> |   |
| 23d. LOCATION (City, town, or county)<br><u>Nevada, Mo.</u>   |                                  | (State)  |  |   |   |
| 24. FUNERAL DIRECTOR<br><u>Shorten Funeral Home Nevada, Mo.</u>   |                                  | ADDRESS<br><u>10-23-1957</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>Anna &amp; Furry</u>     |   |
| 26. REGISTRAR'S SIGNATURE   |                                  |  |  |   |   |

Mar 1 1938

MAR 8 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Lloyd C. McCord* .....

Licensed Embalmer No. *4853* .....

P. O. Address *Florida, Ma.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.